



**Moore County Health Department  
Environmental Health Section  
PO Box 279, Carthage, NC 28327  
Phone (910) 947-6283  
Fax (910) 947-5127**

**APPLICATION FOR AN IMPROVEMENT PERMIT**

***\*Application will not be accepted without a site plan\****

Receipt #: \_\_\_\_\_ Parcel ID/LRK #: \_\_\_\_\_

Owner: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Representative/Buyer: \_\_\_\_\_ Home #: \_\_\_\_\_

Address: \_\_\_\_\_ Cell #: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Exact Directions to Property (911 address, if available): \_\_\_\_\_

New System: \_\_\_\_\_ Permit Valid for five (5) years (attach site plan): \_\_\_\_\_

Expansion/Relocation of Existing System: \_\_\_\_\_

Permit valid without expiration (attach plat): \_\_\_\_\_

Construction Authorization (valid for five [5] years): \_\_\_\_\_

Requested system type: Conventional \_\_\_\_\_ Other (Specify) \_\_\_\_\_

Number, description, and use of structures and proposed structures on the property: \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ Number of people served: \_\_\_\_\_ Bonus Room: Yes \_\_\_\_\_ No \_\_\_\_\_

Please describe any additional factors which may affect the amount of water used: \_\_\_\_\_

Will wastewater, other than domestic sewage, be generated? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please describe: \_\_\_\_\_

Is there a basement or construction below existing grade? Yes \_\_\_\_\_ No \_\_\_\_\_

Indicate type of water supply: Public \_\_\_\_\_ Private \_\_\_\_\_

Are there any wells on adjoining property? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a geothermal/HVAC system planned? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there an irrigation system planned? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there designated wetlands on the property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate their location on the plat or site plan.

Are there any right of ways or easements on the property? Yes \_\_\_\_\_ No \_\_\_\_\_

Required zoning or other public agency approval obtained? Yes \_\_\_\_\_ No \_\_\_\_\_

Date property was originally deeded or platted and recorded: \_\_\_\_\_

Is this property and proposed or existing structures under common or joint control (i.e. a condominium or other multiple ownership development)? Yes \_\_\_\_\_ No \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

(Owner or Representative)

TO ALL APPLICANTS:

BEFORE INSTALLING A SEWAGE DISPOSAL SYSTEM OR MAKING ANY IMPROVEMENTS TO PROPERTY, IT IS THE LANDOWNER'S RESPONSIBILITY TO VERIFY THAT ANY PROPOSED IMPROVEMENTS COMPLY WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL LAWS, RULES, AND REGULATIONS CONCERNING LAND USE, ZONING, SUBDIVISION, EROSION CONTROL, FLOOD DAMAGE PREVENTION, WETLAND REGULATIONS AND ANY OTHER LAND DEVELOPMENT RESTRICTIONS.

A VALID CONSTRUCTION AUTHORIZATION AND IMPROVEMENT PERMIT FOR THE SPECIFIED USE OF THE PROPERTY MUST BE OBTAINED PRIOR TO ISSUANCE OF ANY BUILDING OR ELECTRICAL PERMITS. THE CONSTRUCTION AUTHORIZATION IS VALID FOR A MAXIMUM OF FIVE (5) YEARS FROM THE DATE IT IS ISSUED OR UPON EXPIRATION OF THE IMPROVEMENT PERMIT IT IS ISSUED FOR. IMPROVEMENT PERMITS AND CONSTRUCTION AUTHORIZATIONS ARE SUBJECT TO REVOCATION IF THE INTENDED USE OF THE PROPERTY OR CONSTRUCTION PLANS CHANGE.

- A SERVICE CHARGE OF \$25.00 WILL BE CHARGED FOR ALL RETURNED CHECKS.
- ALL FEES ARE NON-REFUNDABLE AFTER NINETY (90) DAYS OR AFTER A SITE VISIT HAS BEEN MADE.
- APPLICATIONS ARE PROCESSED ON A FIRST COME/FIRST SERVE BASIS.
- INCOMPLETE APPLICATIONS SHALL BE RETURNED TO APPLICANT.

THE APPLICANT IS RESPONSIBLE FOR THE FOLLOWING PRIOR TO A SITE VISIT:

- CLEARLY MARKING THE LOCATION OF PROPERTY BOUNDARIES.
- CLEARLY MARKING THE LOCATION OF PROPOSED STRUCTURES, DRIVEWAYS, SWIMMING POOLS, OUTBUILDINGS, ETC.
- MAKING THE PROPERTY ACCESSIBLE FOR EVALUATION. THIS MAY REQUIRE CLEARING UNDERGROWTH.
- DIG A MINIMUM OF THREE (3) HOLES ABOUT FIFTY (50) FEET APART IN THE LOCATION PROPOSED FOR SYSTEM INSTALLATION. THE HOLES SHOULD BE A MINIMUM OF SIX (6) INCHES IN DIAMETER AND TWENTY-FOUR (24) INCHES DEEP. ADDITIONAL HOLES OR THE ASSISTANCE OF A BACKHOE MAY BE REQUESTED.

### SITE PLAN WORKSHEET

Place a mark (X) beside each item that has been indicated on your site plan, incomplete site plans will be returned to you for completion. Remember: **Your property will not be scheduled for an evaluation until we have received a completed application, site plan, and all proposed items are marked on the property.**

- \_\_\_\_\_ - The dimensions of the property.
- \_\_\_\_\_ - The proposed location of all structures (e.g.: facility, wells, water lines, outbuildings, pools). Show the distances from the road and the side property line to all structures. Be sure and give the dimensions for all the structures. If you are unsure as to the structure size, please show the dimensions of the MAXIMUM area of the lot that you anticipate the structure will cover.
- \_\_\_\_\_ - The site you would prefer your septic system to go in.
- \_\_\_\_\_ - The preferred driveway location.
- \_\_\_\_\_ - The proposed well location.
- \_\_\_\_\_ - A north arrow or other sufficient directional indicator.
- N/A \_\_\_\_\_ - Any proposed structures or improvements to the property such as garages, workshops, pools, etc. **If there are none, circle "N/A"**
- N/A \_\_\_\_\_ - The location of any existing septic tank systems and wells on your property and on the adjoining property within 100' of your property line. **If there are none, circle "N/A"**.
- N/A \_\_\_\_\_ - The location of any easements or rights of way on the property. **If there are none, circle "N/A"**.
- N/A \_\_\_\_\_ - The location of any designated wetlands on the property. **If there are none, circle "N/A"**

USE THE BACK OR ANOTHER SHEET TO DRAW YOUR SITE PLAN:  
SAMPLE BELOW:

